

CENTRAL CAROLINA KIDNEY ASSOCIATES, P.A.

PATIENT ACKNOWLEDGMENT AND CONSENT

I have read a copy of Central Carolina Kidney Associates Notice of Privacy Practices, version effective 09/23/2013. I understand that a copy is available to me to take home. I consent to the uses and disclosures of my health information as outlined in the Notice.

Signature of Patient or Representative _____ Date _____

Print Name _____ Relationship of Representative to Patient _____

Please describe the Representative's authority to act on behalf of Patient: _____

FOR Central Carolina Kidney Associates USE ONLY

If acknowledgment of receipt of the Notice of Privacy Practices is not obtained from the patient or the patient's representative, please explain your efforts to obtain acknowledgment and the reason you could not obtain it:

2903 Professional Park Drive Suite D
Burlington, North Carolina 27215
Phone: 336-584-4913

102 Medical Park Drive Suite C
Mebane, North Carolina 27302

1352 West Harrison Street
Reidsville, North Carolina 27320

Web Site: www.centralcarolinakidney.com

CENTRAL CAROLINA KIDNEY ASSOCIATES, P.A.

CONSENT FOR RELEASE OF PROTECTED HEALTH INFORMATION TO FAMILY¹

I consent to disclosure of the following protected health information (PHI) about me to the person(s) involved in my care or payment for my care:

NAMES

Check all that may apply (to be released to above individuals):

- All my medical information
- Information necessary to schedule appointments for me
- Lab or test results
- Information necessary to provide, call in or pick up prescriptions for me
- Information necessary to help my family member(s) take care of me
- Information necessary to allow my family member(s) to pick up or arrange for medical equipment to be provided for me
- Information necessary to bill for or submit claims for care provided to me to government or private insurance payors

My consent will remain in effect as long as I am a patient of Central Carolina Kidney Associates, PA (CCKA) unless and until I notify CCKA in writing of any changes.

Signature of Patient or Representative

Date

Print Name

Relationship of Representative to Patient

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